

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 69712390 FILING DATE 11-14-00
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	0	1				
3		1				
4	1					
5	1					
6		1				
7	1					
8		1				
9		1				
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50						
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	9		←		←	←
TOTAL CLAIMS	14					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS